

Non-Standard Assessment Accommodation Request: 2016-17 Assessments

Introduction

A list of approved accommodations for Indiana assessments is provided in *Appendix C* of the *Indiana Assessment Program Manual* (<http://www.doe.in.gov/assessment>). A non-standard assessment accommodation is one that is NOT identified in the *Indiana Assessment Program Manual*, and must be approved by the Indiana Department of Education. Requests must be made by the specific dates indicated below (based on testing windows). **IMPORTANT: Requests for paper are no longer considered a non-standard accommodation** as long as they are included in the students' IEP, Section 504 Plan, ILP, or Service Plan.

Requirements

- The accommodation must be part of the student's IEP, Section 504 Plan, ILP, or Service Plan and used by the student routinely in the classroom.
- Standard accommodations on the state assessment must be considered prior to requesting a nonstandard accommodation.
- The accommodation:
 - must not invalidate the construct of the assessment;
 - must align with instructional practices; and
 - must be individualized for the student who needs the accommodation.

Process

Local

To request use of a non-standard assessment accommodation, the **Corporation Test Coordinator (CTC)** must **complete and submit the form on page 2 of this document on or before the date indicated below (based on a particular testing window)** to the Office of Student Assessment **via fax at 317-233-2196**.

- Be certain to respond to question number 2 on the form.

Submit a ***Non-Standard Assessment Accommodation Request Form*** for each appropriate testing window (form due date appears after each window).

Assessment	Form Due	Assessment	Form Due
ECA-Winter	December 1, 2016	ISTAR	December 9, 2016
ECA-Spring	April 14, 2017	ISTEP+ Part 1	January 6, 2017
ECA-Summer	August 18, 2017	ISTEP+ Part 2	March 17, 2017
IREAD-3 (Spring)	February 10, 2017	WIDA-ACCESS	December 9, 2016
IREAD-3 (Summer)	April 28, 2017		

IDOE

- Upon receipt of the request form, an email will be sent confirming receipt.
- The Director of Student Assessment will ensure review of requests.
- The results of the review will be communicated to schools/corporations approximately two weeks after receipt of the request.

IMPORTANT: This form is **ONLY** used for accommodations that are not listed in the *Indiana Assessment Program Manual*.



DEPARTMENT OF EDUCATION

Dr. Jennifer McCormick
Superintendent of Public Instruction

Working Together for Student Success

Non-Standard Assessment Accommodation Request Form: 2016-17

Select **ONE** testing window and applicable content area(s) (*due date appears after each window*):

Testing Window	Content Areas	Testing Window	Content Areas
<input type="checkbox"/> ECA-Winter (12-1-16)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10	<input type="checkbox"/> ISTAR (12-9-16)	<input type="checkbox"/> ELA <input type="checkbox"/> MA <input type="checkbox"/> SCI <input type="checkbox"/> SS
<input type="checkbox"/> ECA-Spring (4-14-17)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10	<input type="checkbox"/> ISTEP+ Part 1 (1-6-17)	<input type="checkbox"/> ELA <input type="checkbox"/> MA <input type="checkbox"/> SCI <input type="checkbox"/> SS
<input type="checkbox"/> ECA-Summer (8-18-17)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10	<input type="checkbox"/> ISTEP+ Part 2 (3-17-17)	<input type="checkbox"/> ELA <input type="checkbox"/> MA <input type="checkbox"/> SCI <input type="checkbox"/> SS
<input type="checkbox"/> IREAD-3—Spring (2-10-17)	N/A	<input type="checkbox"/> WIDA_ACCESS (12-9-16)	N/A
<input type="checkbox"/> IREAD-3—Summer (4-28-17)	N/A		

1) Non-standard assessment accommodation requested: _____

2) Respond to each question below by circling "Yes" or "No":

Is the requested accommodation

1) documented in the student's IEP, Section 504 Plan, ILP, or Service Plan? _____

Yes No

2) used by the student routinely in the classroom? _____

Yes No

3) Date of Request: _____

Corporation Name and Number: _____

School Name(s) and Number(s): _____

Student Name: _____

Date of Birth: _____ STN: _____ Grade: _____

4) By signing below, I affirm that the information provided can be verified at the request of the Indiana Department of Education.

CTC Signature: _____ Date: _____

CTC Print Name: _____

CTC Telephone Number: (_____) _____

CTC Email Address: _____

IMPORTANT: Be sure to submit this request **on or before the date indicated above (based on a particular testing window)** to the Office of Student Assessment **via fax at 317-233-2196**.

If you have questions, please contact **Karen Stein**, Special Programs Assessment Specialist, at kstein@doe.in.gov or 317-232-9050.

FOR IDOE USE ONLY

____ Approved ____ Not Approved Date: _____ Initials: _____

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